24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

| Schedule E) | FOR SE OF FORM 24/48 |
|---|--|
| NAME OF COMMITTEE (In Full) Planned Parenthood Votes | FEC IDENTIFICATION NUMBER ▼ C C00489799 |
| Check if 24-hour report 48-hour report New report Amends report filed | M M / D D / Y Y Y Y Y |
| Full Name of Payee Hart Research Associates Mailing Address 1724 Connecticut Avenue NW | Date of Public Distribution/Dissemination 02 03 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| City State Zip Code Washington DC 20009 | Amount 42.86 Transaction ID : B594860 |
| Purpose of Expenditure Persuasion calls Category/ Type 004 | Date of Disbursement or Obligation 02 03 2016 |
| Name of Federal Candidate Hillary Clinton Oppose Office Oppose | e Sought: House District: President Senate State: NV |
| Calendar Year-To-Date Per Election for Office Sought Disbute 2016 | ursement For: |
| Full Name of Payee Hart Research Associates | Date of Public Distribution/Dissemination O2 |
| Mailing Address 1724 Connecticut Avenue NW | Amount |
| City State Zip Code Washington DC 20009 Purpose of Expenditure | 42.86 Transaction ID : B594861 Date of Disbursement or Obligation |
| Persuasion calls Category, Type 004 | 02 / 03 / 2016 |
| Ted Cruz Oppose | e Sought: House District: President Senate State: NV |
| Calendar Year-To-Date Per Election for Office Sought 24216.18 Disb 2016 | ursement For: X Primary General Other (specify) ► Republican Primary |
| (a) SUBTOTAL of Itemized Independent Expenditures | 85.72 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| Deirdre Schifeling [Electronically Filed] Date | 02 18 2016 |

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

| Schedule E) | | FOR SE OF FORM 24/48 |
|---|---|--|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Planned Parenthood Votes | | C C00489799 |
| | | |
| Check if 24-hour report 48-hour report | New report Amends report file | ed on Mam / Dab / Yayayay |
| Full Name of Payee Hart Research Associates | | Date of Public Distribution/Dissemination |
| Tiait Nesearch Associates | | 02 03 2016 |
| Mailing Address 1724 Connecticut Avenue NW | | Amount |
| City Sta | ate Zip Code | 42.86 |
| Washington D | C 20009 | Transaction ID : B594863 Date of Disbursement or Obligation |
| Purpose of Expenditure Persuasion calls | Category/ Type 004 | 02 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Office | ce Sought: House District: |
| Marco Rubio | X Oppose > | President Senate State: NV |
| Calendar Year-To-Date Per Election for Office Sought | 24216.18 Disl 201 | bursement For: |
| Full Name of Payee | | Date of Public Distribution/Dissemination |
| Hart Research Associates | | 02 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1724 Connecticut Avenue NW | | Amount |
| City Sta | ate Zip Code | 42.86 |
| Washington D | OC 20009 | Transaction ID : B594862 Date of Disbursement or Obligation |
| Purpose of Expenditure Persuasion calls | Category/ Type 004 | 02 03 2016 |
| Name of Federal Candidate | Support Offi | ice Sought: House District: |
| Donald Trump | X Oppose > | President Senate State: NV |
| Calendar Year-To-Date Per Election for Office Sought | 24216.18 Dis 201 | bursement For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 85.72 |
| • | ŕ | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ····· | 7 7 |
| (c) TOTAL Independent Expenditures | ······································ | |
| Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager | r authorized committee or agent of eith | |
| Deirdre Schifeling | [Electronically Filed] Date | 02 18 2016 |
| Signature | | |

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E) | I EXI END | TOTILO | | PAGE 3 OF 5 FOR SE OF FORM 24/48 |
|---|-------------------|-----------------------|---------------------|--|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Planned Parenthood Votes | | | | C C00489799 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | | M / D D / Y B Y B Y B Y |
| Full Name of Payee | | | Date of | of Public Distribution/Dissemination |
| Screen Strategies Media | | | М | 02 17 2016 |
| Mailing Address 11150 Fairfax Blvd, Ste 550 | | | Amou | nt |
| City | State | Zip Code | — I | 199995.00 |
| Fairfax | VA | 22030 | | action ID : B594864 of Disbursement or Obligation |
| Purpose of Expenditure TV, Cable media buy - Estimated cost | | Category/ Type 004 | M | 02 17 / 2016 |
| Name of Federal Candidate | | Support | Office Sough | t: House District: |
| Hillary Clinton | | Oppose | X Preside | ent Senate State: NV |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 140695.70 | Disbursemen 2016 O | t For: X Primary General ther (specify) ▶ Democratic Primary |
| Full Name of Payee | | | Date | of Public Distribution/Dissemination |
| 76 Words | | | | 02 |
| Mailing Address 1806 Vernon St, NW #100 | | | Amou | nt |
| City | State | Zip Code | — I | 20000.00 |
| Washington | DC | 20009 | | ction ID : B594865 of Disbursement or Obligation |
| Purpose of Expenditure Production of TV, Cable, online ads - Estimated cos | t | Category/ Type 004 | N | 02 / 17 / 2016 |
| Name of Federal Candidate | | X Support | Office Sough | t: House District: |
| Hillary Clinton | | Oppose | X Preside | |
| Calendar Year-To-Date Per Election for Office Sought | , , | 440695.70 | Disbursemen 2016 | t For: |
| (a) SUBTOTAL of Itemized Independent Expenditure | 98 | | | 219995.00 |
| | | | | 7 1 7 1 7 1 |
| (b) SUBTOTAL of Unitemized Independent Expendit | ures | | . • | 72 1 72 1 72 1 |
| (c) TOTAL Independent Expenditures | | | • | 7 7 |
| Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its | ite or authorized | | | |
| Deirdre Schifeling Signature | [Electron | ically Filed] Date | 02 | 18 / 2016 |
| | | | | |

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E) | INDENT EXICION | TOTILO | | PAGE 4 OF 5 FOR SE OF FORM 24/48 |
|--|---------------------------|-----------------------|-----------------------------|--|
| NAME OF COMMITTEE (In Full) | | | FE | C IDENTIFICATION NUMBER ▼ |
| Planned Parenthood Votes | | | C | C00489799 |
| Check if 24-hour report 48-hour re | port New repo | ort Amends repo | rt filed on | / D = D / Y = Y = Y |
| Full Name of Payee | | | Date of P | ublic Distribution/Dissemination |
| Blueprint Interactive | | | 02 | 17 2016 |
| Mailing Address 2229 North Pollard St | | | Amount | |
| City | State | Zip Code | | 44798.19 |
| Arlington | VA | 22207 | | ion ID : B594866 Disbursement or Obligation |
| Purpose of Expenditure Online ad buy - Estimated cost | | Category/ Type 004 | 02 | 17 2016 |
| Name of Federal Candidate | | Support | Office Sought: | House District: |
| Hillary Clinton | | Oppose | X President | Senate State: NV |
| Calendar Year-To-Date Per Election for Office Sought | 4 | 40695.70 | Disbursement For 2016 Other | or: |
| Full Name of Payee | | | Date of F | Public Distribution/Dissemination |
| Stones' Phones | | | 02 | |
| Mailing Address 41-750 Rancho Las Pa | lmas Dr #E-3 | | Amount | |
| City | State | Zip Code | | 20567.57 |
| Rancho Mirage | CA | 92270 | | on ID: B594867 Disbursement or Obligation |
| Purpose of Expenditure Persuasion calls - Estimated cost | | Category/ Type 004 | 02 | 17 / 2016 |
| Name of Federal Candidate | | X Support | Office Sought: | House District: |
| Hillary Clinton | | Oppose | President | Senate State: NV |
| Calendar Year-To-Date Per Election for Office Sought | | 440695.70 | Disbursement For 2016 Othe | or: |
| (a) SUBTOTAL of Itemized Independent E: | xpenditures | | | 65365.76 |
| , | • | | | 7 7 7 |
| (b) SUBTOTAL of Unitemized Independent | Expenditures | | · | 7 1 7 1 7 |
| (c) TOTAL Independent Expenditures | | | • | 7 |
| Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit | y candidate or authorized | | | |
| Deirdre Schifeling Signature | [Electron | ically Filed] Date | | 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| - | | | | |

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

| Schedule E) | FOR SE OF FORM 24/48 |
|---|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Planned Parenthood Votes | C C00489799 |
| | |
| Check if X 24-hour report 48-hour report New report Amends report filed | on Mam / Dab / Yayay |
| Full Name of Payee Planned Parenthood of NYC Action Fund | Date of Public Distribution/Dissemination |
| | 02 19 2016 |
| Mailing Address 26 Bleecker St | Amount |
| City State Zip Code | 5000.00 |
| New York NY 10012 | Transaction ID : B594869 Date of Disbursement or Obligation |
| Purpose of Expenditure Travel costs for volunteers Category/ Type 004 | 02 19 2016 |
| Name of Federal Candidate Support Offic | e Sought: House District: |
| Hillary Clinton Oppose | President Senate State: SC |
| Calendar Year-To-Date Per Election for Office Sought Disb 2016 | ursement For: |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| | M = M / D = D / Y = Y = Y |
| Mailing Address | Amount |
| | |
| City State Zip Code | |
| Purpose of Expenditure | Date of Disbursement or Obligation |
| Type | M M / D D / Y Y Y Y |
| Name of Federal Candidate Support Office | e Sought: House District: |
| Oppose | President Senate State: |
| Calendar Year-To-Date Per Election for Office Sought | ursement For: Primary General |
| rei Liection for Office Sought | Other (specify) - |
| (a) SUBTOTAL of Itemized Independent Expenditures | 5000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | 290532.20 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| | D2 18 2016 |
| Signature | |